STANDARD CERTIFICATE OF DEATH SINT NO. 1. FLACE OF DEATH 1. COUNTY JSDDCT 1. FLACE OF DEATH 2. COUNTY JSDDCT 2. CITY (Insulate concentrate links, write BURAL and give to translate links, write and translate links	S. No.300]	THE DIVISION OF HEALTH OF MISSOURI									
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A. COUNTY Jasper D. CITY Usewide comprise limits, write RURAL and gives constanting of the constanting o	.43	BIRTH NO		REG. D	IST. NO	PRIMARY REG. DIST.	. но. <u>«20</u>	L8 Regists	ar's No.		********
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Comparison of the continuous of the state address of towardent Comparison Com	-) OR		URAL and g to		C. CITY OR TOWN LOCKWOOD				idence within limit or incorporated to	its of own?
Comparison Com		d. FULL NAME OF (1		stitution, gi	ve street address or location)	STREET (If rural, give location)				- 1	160
Comparison Com	÷ 8	HOSPITAL OR INSTITUTION Municipal Park								<i>0</i> 7	0
Comparison Com	8					c. (Last) 4. DATE		4. DATE ((Month) (Day) (Year)		
13a. FATHER'S NAME				Joseph .		Allen DE		DEATH J	ти June 6, 1957		
13a. FATHER'S NAME		5. SEX 6. COLOR OR RACE		1.7 MARRIED NEVER MARRIED.		A DATE OF BIRTH 9. AGE (In		9. AGE (In years	years if under 1 Year if under 11 Hrs. av) Months i Days Hours i Min.		
13a. FATHER'S NAME	N N	∥ Male 🦞 V	Vhite	Nev	er Married	July 7, 19	红3	13	<u> </u>		
13a. FATHER'S NAME	₹	10a. USUAL OCCUPATION (Give kind of work		10b. KIND OF. BUSINESS OR IN-		11. BIRTHPLACE (City and State or Foreign C		e or Foreign Coun	DUBLEY) 12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME	13.	1	E me' east n leaved.	Sch			Iowa		/	USA	
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1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) APPLICATION DIRECTLY LEADING TO DEATH (b) DIRECTLY LEADING TO DEATH (c) APPLICATION	8	(Yes, no. or unknown) (If s	R IN U.S. ARMED F	ORCES?	16. SOCIAL SECURITY	į.	*				
18. CAUSE OF DEATH Enter only one equiso per line for (a), (b), and (c) PRECEIVE LEADING TO DEATH*(a) PRECEIVE LEADING TO DEATH*(a) PRECEIVE CAUSES Another one wan have considered and the mode of dying, such as heart foilure, extensis, etc. It means the discourse of dying, such as heart foilure, extensis, etc. It means the discourse of dying, such as heart foilure, extensis, etc. It means the discourse of dying, such as heart foilure, extensis, etc. It means the discourse of dying, such as heart foilure, extensis, etc. It means the discourse of dying, such as heart foilure, extensis, etc. It means the discourse of dying, such as heart foilure, extensis, etc. It means the discourse of dying cause last. DUE TO (c) 10. OHER TAIN DOWNING OF THE PROPERTY OF THE SOLUTIONS PROPERTY OF THE OWNING OF THE PROPERTY OF THE SOLUTIONS 11. OHER SIGNIFICANT CONDITIONS 12. ALTO OF PERA. THE OWNING OF OPERATION 12. In the owning of the death but not related to the disease or condition counting death. 12. In the owning of the death but not related to the disease or condition counting death. 12. In the owning of the death but not related to the disease or condition counting death. 13. In the owning of the death but not related to the disease or condition counting death. 13. In the owning of the death but not related to the disease or condition counting death. 13. In the owning of the death but not related to the disease or condition counting death. 13. In the owning of the death but not related to the death of the dea	7 7								kwood.	Mo.	
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision..

Signature of Student Embalmer

Student

Show of Show

since Meuen lo

Licensed Embalmer No. 14955.....

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting the this body is not embalmed, fact should be so stated above.